

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/518060

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0	1			
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18	1		1			
19		1		1		
20		2		1		
21		0		1		
22		0		1		
23		0		1		
24		0		1		
25		0		2		
26		0		2		
27		0		2		
28		0		2		
29		0		2		
30		0		2		
31		0		2		
32		0		2		
33		0		2		
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36		0		2		
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42		0		0		
43		0		0		
44		0		0		
45		0		0		
46		0		0		
47		0		0		
48		0		0		
49		0		0		
50		0		0		
TOTAL IND.		↓	13	↓		↓
TOTAL DEP.		←	63	←		←
TOTAL CLAIMS			76			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						